# Zahradka, Neil (DEQ)

2011-00 84

From: Zahradka, Neil (DEQ)

Sent: Tuesday, December 13, 2011 1:42 PM

To: Manuel Toombs

Cc: Swanson, Charlie (DEQ)

Subject: Lunenburg reimbursement request - September 2011

# Manuel,

The reimbursement request for Lunenburg for the month of September 2011 was <u>\$68.00</u>. DEQ records indicate that only 133.34 dry tons of biosolids were applied in Lunenburg between January 2011 and September 2011. The maximum reimbursement rate is \$4.00 per dry ton, or in this case <u>\$533.36</u>.

From January 2011-August 2011, Lunenburg was reimbursed this maximum limit of \$533.36.

# For the reasons above, the reimbursement request for September 2011 cannot be processed.

I understand that there are administrative activities that also occur in a county when biosolids are not being applied, but the \$4.00 maximum still applies.

Please call me if you have any questions.

Neil

## Neil Zahradka

Manager - Office of Land Application Programs Virginia Department of Environmental Quality 629 E. Main St. P.O. Box 1105 Richmond, VA 23218-1105

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E-mail: neil.zahradka@deq.virginia.gov

Websites:

Agricultural Programs - http://www.deq.virqinia.gov/vpa/agriculture.html

Land Application - <a href="http://www.deq.virginia.gov/vpa/landapp.html">http://www.deq.virginia.gov/vpa/landapp.html</a>

Evaluator:

# FORM 1 Biosolids Land Application Local Monitoring Expenses

# REIMBURSEMENT INVOICE

Page 1 of 1

**Local Monitor** 

DEQ USE ONLY County:

**Activity Dates:** Date Rec'd:

Permit No:

Approval Amount:

11.7. 12/13/11

Complete and submit with all required s Type or print legibly the required inform	supporting documentation	to Department of Enviror		" A ==to Bound		Amount: 4
Type or print legibly the required informinstructions on how to complete the form	nation in the applicable se	ctions below. Refer to the	e Fees for Permits ar	N: Accounts Payau nd Certificates regu	ole, P.O. Box 1105, lation (9 VAC 25-2	, Richmond, Virginia 23218 0-149) for additional
Claimant Information	m.			·		- 110) 101 additional
A. Name of Local Government	Official:					
processed to the first	n/C	B.	County:	or all		
C. Claimant Mailing Address:	12.5	D.	City, State	wen bur	9	T_ = -
		1-	Oity, Otato			E. Zip Code
11413 Courth	ouse Rd		Lunewe	Sura V	<u></u>	23952
r. Claimant Telephone No.	G. C	Claimant Fax No.		H. Local Mo	onitor Name	
( <u>434</u> ) <u>696-214</u> I. Contact Person for Reimburs	12 (4	34 ) 696 - / J. Contact Person	798	MANUC	=1 Took	ah s
Wade Bantle				MANUE K.	Contact Person I	Fax No.
		(434)39	12-725	8 14	34 × 39	2-6683
II. Monitoring Activity Inform	mation (Attach addition	al separate sheets if r	necessary)			
A. DEQ Permit No. and Site Idea	ntification	В.	Farm(er) and Site	Location	-	
C. Type of Monitoring Activity an	id Dates 9-1 Ta	hra 9-30-	2011	D. Reimburs	-hi-T	
Record Keepi	Na	, , , , ,	(Colores	D. Reimburs	able Time and	Charges
E. Sampling and Testing Informa	ation	F.	Name and locatio	n of Lab used	G. Total Lab	40.50 = 32,00
					J. Total Lat	Onarges
II. Multiple Owner Information	on ( For Local Monitor	employed by multiple	iurio diationa)			
			jansalcuons)			
are the expenses listed above part of	a multiple owner payme	ent submission?				•
Yes	☐ No					
If you answered "Yes" to the above	e question, you are rec	quired to submit this in	voice with the mu	tiple owner payn	nent Form 2.	
/. Responsible Official State						
A. Were the listed expenses incurre	ed during the dates incl	uded in Part II.C of this	form?			
🛛 Yes	□ No					en e
If you answered "No" nless		and a sum a substitute of				
If you answered "No", pleas Statement Of Costs	e attach the necessar	y documentation to ex	plain the discrepa	ncy.		
						photos C. J. J.
Are all expenses listed in this inve	oice complete at the da	te of this invoice?	C. Total costs	claimed for rein	bursement in th	is Invoice
✓ Yes	☐ No					166 400/ARY 70
. Will additional reimbursement of	costs incurred for moni	itarina antivitira at "		ماست چي		IMIT. 15
site(s) listed above be submitted	d?	normy activities at the	\$	68,0	0	4.1.
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County Administrator Certif	fication (Please print n	ame):				
e following signature att	ests that the m	nonitoring activity	ties for whic	h reimburse	ement is so	ught have been
formed in accordance wrmits and Certificates reg			Permit Regu	lation (9 VA	AC 25-32) a	and the Fees for
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( ) County Auri			**************************************	10/20	111	
The 111	ninistrator		-	10 20 Date	111	
Manul H N		<u></u>		10 20 Date	2011	

Date

# Biosolids Land Application Local Monitoring Activity Details

County:
County Monitor:
Staff Labor per hour:
Mileage Rate per mile:
Activity Codes: Administ

anuel Toombs \$24.00 \$0.50 Maximum Rate is \$0.55/mile

BLUE cells compute automatical

Activity Codes: Administrative Complaint Inspection Meeting Sampling Training

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and the second s	CHUCKITION	Expense	Subtotal	-	Number	Site Identification	Miles	Hours	Code	

TOTAL \$68.00